TOWN OF HERNDON



Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427

APPLICATION FOR A COMPREHENSIVE PLAN AMENDMENT

Submittal of this form with original sign	natures is required. PLEASE PRINT OR TYP	PE (Unless othe	rwise indicated.)	
Street address of the subject property: Tax map reference number:				
Name and role of principal contact for this application: (property owner, agent authorized to act on behalf of property owner, or contract purchaser):				
Mailing address:				
E-mail address	Telephone #	FA	X #	
The undersigned hereby applies for an Amendment to the Town of Herndon Comprehensive Plan. I hereby affirm and certify that: The information provided on this form is true and correct to the best of my knowledge. The requirements associated with this application have been read and are understood.				
•	, ,			
The requirements associated with	, ,	d.	Date	
The requirements associated with	h this application have been read and are understood Owner, Contract Purchaser, or Authorized Agent	d.	Date □ Yes	
The requirements associated with Signature of Applicant (Property Will the proposed amendment affect the actual contents associated with	h this application have been read and are understood Owner, Contract Purchaser, or Authorized Agent	t)		
Signature of Applicant (Property Will the proposed amendment affect the ac Existing land use designation(s): Proposed land use designation(s): Will the proposed amendment affect the te	Owner, Contract Purchaser, or Authorized Agent dopted Comprehensive Plan Map?	t)		
The requirements associated with Signature of Applicant (Property Will the proposed amendment affect the act Existing land use designation(s): Proposed land use designation(s):	Owner, Contract Purchaser, or Authorized Agent dopted Comprehensive Plan Map?	t) □ No	□ Yes	
Signature of Applicant (Property Will the proposed amendment affect the ac Existing land use designation(s): Proposed land use designation(s): Will the proposed amendment affect the te List of affected sections and page	Owner, Contract Purchaser, or Authorized Agent dopted Comprehensive Plan Map?	t) □ No	□ Yes	
Signature of Applicant (Property Will the proposed amendment affect the ac Existing land use designation(s): Proposed land use designation(s): Will the proposed amendment affect the te List of affected sections and page numbers Current zoning of subject property:	Owner, Contract Purchaser, or Authorized Agent dopted Comprehensive Plan Map?	t)	□ Yes	

APPLICATION FOR A COMPREHENSIVE PLAN AMENDMENT - continued

TO BE SUBMITTED WITH THIS APPLICATION				
	Name and title of all Co-Applicants (Property Owner(s), Contract Purchasers, and Agents Authorized to Act on Behalf of the Property Owner) with respective mailing addresses, telephone numbers, fax numbers, and e-mail addresses;			
	A statement of authorization from the landowner authorizing an agent to act on their behalf (if applicable);			
	If proposing to amend the Comprehensive Plan Map, detailed description of the proposal;			
	If proposing to amend the Comprehensive Plan text, detailed description of the proposed language (An electronic red line version of proposed text amendment is recommended);			
	A receipt or other documentation indicating that taxes have been paid on lands subject to the application (may be obtained when application is filed);			
	Application Fee.			
Certification, in a form prescribed by the Zoning Administrator, that public notification regarding a public hearing has been given in accordance with § 78-201.9, Public Notice, shall be submitted upon completion of proper notification by the applicant.				
For Office Use Only				
Applic	cation Received by:	Case No.:		
Confirm Tax Map Reference:		Status of Taxes: Paid Delinquent		
Fee p	aid:	Date:		